

CONDITIONS OF COMMUNITY PARENTING ALTERNATIVE

Resident: _____

DOC #: _____

I understand that my placement on Community Parenting Alternative status is a privilege which may be revoked by the Family Offender Sentencing Alternative (FOSA) Administrator. I understand that any violation of Home Detention Conditions, or conduct or activity which reflects a disregard for the rights of others, shall be sufficient cause to revoke my Home Detention and/or terminate the Community Parenting Alternative program participation.

I understand and agree to abide by the following conditions during my involvement in the Community Parenting Alternative:

1. I will reside at my approved residence at: _____ .
2. I will conduct myself in a lawful manner.
3. I will wear my electronic monitoring device as required, follow procedures specified, and comply with any telephone and computer access restrictions as they apply to the monitoring device requirements.
4. I will accept the visits of Department of Corrections personnel to my job site, home, school, treatment, etc.
5. I will report to my Community Corrections Officer at least _____ weekly for routine progress reviews and program participation, and more often if instructed to do so.
6. I understand I must continue mental health treatment, substance abuse treatment, and /or other programming while on Community Parenting Alternative.
7. I will not own or possess any deadly weapon or knowingly be in the company of a person possessing the same.
8. I will remain steadily employed at _____ and will not change employment Without prior approval of my Community Corrections Officer.
9. I will not knowingly associate with persons having a criminal records, nor frequent places where illegal activities are conducted.
10. I will not drink alcoholic beverages of any kind; nor will I enter any establishments, such as bars or liquor store, where the sale and/or consumption of alcoholic beverages on the premises is the primary business of the establishment.
11. Except as medically authorized, I will not use or possess narcotics, or other controlled substance, nor be in the presence of persons possessing the same.
12. I agree that during the Community Parenting Alternative period, I will remain at my place of residence, except for authorized activities, unless I am given specific permission to do otherwise.
13. I will not own or drive a motor vehicle without proper authorization.
14. I will abide by special instructions given to me by my Community corrections Officer, e.g., electronic monitoring equipment, imposed conditions.
15. I will submit to urinalysis or alcohol testing as requested by designated Department of Corrections personnel. I understand that ingestion of poppy seed food products may result in positive tests for unauthorized use and is therefore prohibited.

16. I will report all use of medications whether over the counter or prescription to my CCO. I will not use products containing alcohol or "ephedrine".
17. I agree to pay subsistence for the cost of my participation in Community Parenting Alternative.
18. I understand that I am personally responsible for all costs of my housing, meals, and general subsistence, while in the Community Parenting Alternative Program.
19. I understand if I violate my Community Parenting Alternative that I may be sent to prison to serve the remaining portion of the sentence, in addition to any good time that may have been taken in the event of an infraction.
20. Release of information will remain current and valid throughout the Community Parenting Alternative period.
21. I agree to provide DOC with information regarding my status and my family status for up to 12 months post supervision, for the purpose of data collection for the program evaluation.

I fully understand that willful failure to report as required, unauthorized change of residence, employment, or failure to otherwise inform Department of Corrections staff of my whereabouts, could constitute an escape from custody.

Resident's Signature

Date

Approved (FOSA Administrator or Designee)

Approved (Community Corrections Officer)

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.